

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-019843

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

137

5519 4218

174

FILED JUN 10 1963

1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN W. White Twn.

Length of stay in 1b  
79 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Windsor Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Benton

c. CITY OR TOWN Route #2, Windsor

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
5 miles S. of Windsor

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last  
FRED LAWRENCE ACKER

4. DATE OF DEATH Month Day Year  
May 31, 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10/1/1882

9. AGE (last birthday) 80  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country)  
Henry County, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME  
Matthew Acker

13b. MOTHER'S MAIDEN NAME  
Louise

14. NAME OF HUSBAND OR WIFE  
Hattie Garland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)  
No

16. SOCIAL SECURITY NO. 32

17. INFORMANT Address  
Mrs. Hattie Acker, Windsor, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Heart Failure  
Arteriosclerotic Heart Disease 15 yrs  
Generalized Arteriosclerosis 20 yrs

INTERVAL BETWEEN ONSET AND DEATH  
Sudden

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Pulmonary emphysema and bronchiectasis

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 25, 1963 to May 31, 1963 and last saw him alive on May 31, 1963  
Death occurred at 7:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (D. signed or title)  
Bernard Brock, D.

22b. ADDRESS 116 South Main St.  
Windsor, Missouri

22c. DATE SIGNED  
6-6-63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE June 2, 1963

23c. NAME OF CEMETERY OR CREMATORY Laurel Oak

23d. LOCATION (City, town, or county)  
Windsor, Missouri

24. FUNERAL DIRECTOR ADDRESS  
Ellis M. Huston, Windsor, Mo.

25. DATE RECD. BY LOCAL REG. June 8-1963

26. REGISTRAR'S SIGNATURE Mildred Biggem

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10421

20080

3

4 0

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94200

10

11

12 3-0

13 1-0

100-100-100

100-100-100

1040  
10800

0  
1  
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2

0-8.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Elliot H. Hurston

Licensed Embalmer No. 3391

P.O. Address Windsor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.